

## **INTERAGENCY COORDINATING COUNCIL COMMITTEE MEETING MINUTES**

**COMMITTEE:** Integrated Services and Health Systems (ISH)

**DATE:** May 20, 2004

**CHAIRPERSONS:** Arleen Downing and Gretchen Hester

**DDS LIAISON:** Eileen McCauley

**CDE LIAISON:** Nancy Sager

**MEMBERS PRESENT:** Jean Brunelli, Sylvia Carlisle, Arleen Downing, Gretchen Hester, Sandy Harvey, Dwight Lee, Eileen McCauley, Robin Millar, Hallie Morrow, Peter Michael Miller, Ivette Pena, Nancy Sager, Luis Zanartu

**MEMBERS ABSENT:** Toni Gonzales, Mara McGrath

**GUESTS:** Ken Freedlander, Ed Gold, Valeria D. Vosburg, Brenda Kosen, Patsy Hampton, Raymond Peterson, Rick Ingraham

**STAFF/RECORDER:** Sheila Wolfe

### **SUMMARY OF IMPORTANT POINTS AND ACTIONS CONSIDERED**

**I. Introduction and Opening Comments:** Co-chairs Arleen Downing and Gretchen Hester welcomed the group, facilitated introductions and outlined the ISH Committee agenda as follows:

1:45 – 2:45	Data Review - Ken Freedlander, DDS Representative
2:45 – 3:30	Interagency Collaboration Priority Area
3:30 – 3:45	Early Entry
3:45 – 4:00	IFSP
4:00 – 4:30	Other

**Correction to Previous Minutes** – Nancy Sager noted that while she will bring the Speech-Language Pathologists Preferred Practices document to the California Teachers of the Deaf and Hard of Hearing Association's attention, she may not bring back comments from this group back to the ISH Committee or ICC for further discussion. Jean Brunelli also noted that she was absent for the last meeting.

**II. Data Review and Follow-Up Data Requests** – Ken Freedlander provided an overview of the data reports provided in the May ICC packet. An overview of the Annual Performance Report and the Office of Special Education Programs (OSEP) data reports and requirements was provided, including the 5 priority areas for OSEP and a summary of the rationale for each area.

As requested, the ISH committee discussed their questions with Mr. Freedlander and generated many other questions and requests for follow-up data needed to address the ICC priority areas

#### Regarding Interagency Collaboration

1. What questions and criteria are used during the Site Monitoring to assess interagency collaboration?

2. Who on the monitoring team is responsible for determining the % or rating of IA collaboration as identified from the monitoring visits
3. What, if any, guidance or technical assistance is currently given to RC's when it is determined from the monitoring visit that there are concerns regarding interagency collaboration?
4. Is there a current list of state and local level MOU's in place regarding Early Start eligible children and families?
  - What is the current status of agreements between DDS, CDE/SED, and DHS including CCS, ACF/Head Start and are there plans for IA's/MOU's with DSS and DMH?
  - Are the ES Managers in the regional centers and LEA's provided with copies?
  - How are the RC's and LEA's monitored in this area – what training and technical assistance is provided – what have been the results?
6. Is there any correlation between the status of IA collaborations (as determined in the Site Monitoring visits and OSEP report) and the data on referral sources, referral age and diagnosis of the children served in that catchment area?

Regarding Early Entry, IFSP's

7. What information can be obtained on the role and involvement of physicians and other primary health care providers (PHCP's) in the development and implementation of IFSP's? How do they get feedback from their referrals? How are they involved in transition planning?
8. What is the correlation between age of referral in months, diagnosis of the children served and interagency collaboration for each of the regional center catchment areas?
9. What are the standards used for data collection/analysis regarding of referral information? Is this obtained from IFSP's chart reviews and/or other sources? How do regional centers and LEA's report this information to DDS and CDE/SED? .
10. What documentation is required and what questions are asked on the Monitoring Visits regarding assessment of health status? What guidance is given to monitors to guide their decisions on this? What is the written protocol or "standard of practice" used for determining how health status, including hearing and vision status, is assessed? Who is considered a "qualified assessor"?
11. What other data sources are used to determine if needed health related services were provided? How is progress assessed from one IFSP to another?
12. How do the federal and state level laws and regulations related to assessment of health status compare? What documentation is required on IFSP's regarding health status?
13. How is the data collection and analysis process used by Special Education similar or different from what is used by DDS for Part C eligible children? How do they compare regarding PHCP involvement and assessment of health status, including vision and hearing?

14. How are Service Coordinator's trained to collect information and follow-up on assessment of health status, including vision and hearing?

15. Is there any data that substantiates that those areas that have better collaboration with PHCP's and health care agencies are receiving referrals for children at an earlier age?

Regarding Other Data Needed to Address the ICC Priority Areas

16. How is California is doing compared to other large states regarding Part C services?

17. How are other large states addressing assessment of health status and coordination with PHCP's ?

18. How does the growth of California Early Start parallel the growth of services in other parts of the regional center system? In Special Education?

**III. Completion of ICC Priority Recommendations for Outcomes, Action Plans and Data Sources** - See Attached Charts

**IV. Other Discussion and Follow-up Action Items** (There was not time in the committee meeting to prioritize these recommendations – numbering is provided only for ease of discussion)

1. Review data requests and plans from other committees – determine how best to work across committees on follow-up activities – identify the next steps prior to the next ICC meeting.
2. Request a presentation and discussion with CDE/Special Education representative regarding Early Start data collection along with continued presentations and discussions with the DDS representative. Request more information on the disability categories used by CDE/SED and their analysis of this information (see pg 122 of the May ICC booklet).
3. Review previous ISH Committee notes to determine if ICC Action Items have emerged from past recommendations – if not, consider drafting Action Items related to current priority areas. Also, request follow-up presentation from DDS staff regarding the steps taken and outcomes of previous Action Items generated through the Health Committee.
4. Consider new ICC Action Items from ISH regarding:
  - assessment and on-going monitoring of health status - including vision and hearing
  - expectations and current status of interagency agreements with the Dept. of Health Services for Part C eligible children.
  - Establishing a Medical Home or PHCP for each child served under Early Start
5. Request presentation on the Early Start CORE Institutes, Service Coordinator Institutes and the Service Coordinator's Handbook – what is offered, by whom and an analysis of training and attendees to date?
6. Identify if there are any correlations between the data from the monitoring visits and attendance data at the Service Coordinator and other Early Start Institute trainings?
7. Complete analysis of survey responses from the Regional Centers on collaboration with physicians and other primary health care providers (PHCP's). Identify involvement in IFSP's and effective collaboration activities.

8. Consider an ICC task force to identify models, sample forms and exemplary practices from other states regarding assessment of health status and coordination with PHCP's and other health care agencies (including CCS). Identify current areas with effective practices and recommendations/guidelines from other professional associations– i.e. AAP, MCH, etc – This item was suggested by Dr. Peterson and several committee members noted their interest in this task.
9. Consider the need for a “white paper” on “best practices” regarding the assessment of health status for Part C eligible children - This item was suggested by Dr. Miller - more information is needed to determine the need and/or if this should first be a recommended ICC Action Item prior to developing the document within the committee..
10. Obtain current data on the increase of children diagnosed with a hearing loss since the implementation of the Newborn Hearing Screening Project – include analysis of follow-up services provided and implications for Early Start within the regional center and education systems..

## Priority Recommendations for Outcomes, Action Plans and Data Sources

### May 2004 - ISH Committee Responses

Priority Area	Measurable Outcomes	Proposed Action Plans	Data & Information Sources Needed
<p style="text-align: center;"><b>Interagency Collaboration</b></p>	<p>1. Increase the number of MOU's and interagency agreements that Regional Centers and LEA's have with other local public agencies – especially the Departments of Health/CCS and other health care systems (HMO's, PHN's, etc)</p> <p>2. Specific agencies or local interagency coordinating councils will be identified by DDS as responsible for promoting interagency collaboration regarding Part C/Early Start Services with targeted agencies/systems</p> <p>3. Specific criteria will be established to identify baseline data and monitor RC's and LEA's interagency collaboration activities and outcomes in priority areas (i.e. Health/CCS, Head Start, etc) –</p>	<ul style="list-style-type: none"> <li>❑ Identify recommended practices and models for MOU's/IA's</li> <li>❑ Review data from RC catchment areas that have MOU/IA's – include focus on collaboration with DHS/CCS</li> <li>❑ Determine effective outreach practices that result in earlier referrals and coordinated service delivery – esp. with DHS/CCS and other EPSDT and CHDP providers</li> <li>❑ Determine relationship between interagency collaboration and referral data</li> </ul>	<ul style="list-style-type: none"> <li>❑ Current status of MOU's and IA's at the state and local levels</li> <li>❑ ICC booklet &amp; data from Monitoring Visits &amp; OSEP report – refined analysis</li> <li>❑ Copies of existing MOU's and IA's – Templates for drafting effective agreements</li> <li>❑ Questions and criteria used in Site Monitoring Visits to rate status of interagency collaboration</li> </ul>

Priority Area	Measurable Outcomes	Proposed Action Plans	Data & Information Sources Needed
<b>IFSP's</b>	<ol style="list-style-type: none"> <li>1. Written guidelines (for both RC and LEA's under Part C/Early Start) will be developed on the requirements and best practices for assessment of health status – including vision and hearing.</li> <li>2. Written guidelines will be developed (for both to RC's and LEA's ) on requirements and best practices for involving PHCP's in the IFSP process.</li> <li>3. PHCP's and/or a Medical Home will be identified on all intakes and IFSP's</li> <li>4. RC's &amp; LEA's will have procedures for on-going coordination with PHCP's</li> </ol>	<ul style="list-style-type: none"> <li>❑ Identify data available (from both DDS &amp; CDE) on assessment of health status and PHCP involvement in IFSP's</li> <li>❑ Identify best practice resources on IFSP's and coordination with PHCP's</li> <li>❑ Clarify what is “required” vs. what is considered ”best practice” regarding health assessment and PHCP involvement in IFSP's</li> <li>❑ Review training data and materials from the Early Start CORE and Service Coordinator Institutes on IFSP's and Health Status Assessments</li> </ul>	<ol style="list-style-type: none"> <li>1. Data from DDS &amp; CDE regarding referrals, IFSP's, assessment of health status and collaboration with PHCP's</li> <li>2. Data from ES Institutes regarding attendance of Service Coordinators from the different RC catchment areas</li> <li>3. Site Monitoring questions &amp; processes used to determine compliance in this area</li> </ol>

### **Additional ISH Committee Responses to Other Priority Areas:**

**Early Entry** – The group discussed this priority as it relates to interagency collaboration, as ISH was identified as the lead committee on IA collaboration. There was a general consensus that additional data analysis is needed to determine possible correlations between age of referral, referral source, diagnostic category and outreach/collaboration efforts in specific regional center catchment areas.

The ISH Committee reiterated its' belief (and cited some references and research that substantiates this belief) that health care providers are often the first professionals who families turn to when they, or others, have concerns regarding their child's development. The committee recommended that this be considered in establishing the Action Plan to address early entry as a priority area.

Representatives from existing Medical Home Projects were also identified as resources (Mara McGrath of the ICC and Fran Goldfarb of the USC/UAP who presented on this topic at a prior ICC meeting) in this area. It was suggested that information/data from these projects be reviewed as they have researched and piloted several different outreach efforts and compiled materials and recommendations that may be beneficial for the ICC to consider.

It was also recommended that a more systematic plan, specific goals and resources be identified to infuse information on Early Start into existing physician training programs and other activities conducted under the DDS Health and Wellness Program – along with an evaluation plan to measure the effectiveness of this approach.

ISH also recommended more systematic coordination with the Dept. of Health Services (including CCS) and targeted outreach to the public health care community, local hospitals and HMO systems, pediatricians, other primary health care providers, college and university physician and nursing training programs and related professional organizations. A follow-up evaluation plan was also recommended to measure the impact of this coordination and outreach on early identification and referral of children who might be eligible for Early Start.

**Transition** – The ISH Committee did not address this area at this committee meeting due to time constraints and priority topics. However, at the ICC Meeting, Dr. Peterson requested that the ISH Committee Chairpersons (Dr. Downing & Ms. Hester) bring this issue back to the committee for discussion and recommendations at the next meeting.